

MISSOURI DIVISION OF HEALTH - STANDARD CERTIFICATE OF DEATH

DEPARTMENT OF PUBLIC HEALTH AND WELFARE

63-040949

STATE FILE NUMBER

DO NOT WRITE
ON THIS STUB

AMENDED

Registration District No. 278 Primary Registration District No. 355 Registrar's No. 145

VS 300
Rev. 4/59

1 0822

2 8120

3

4 0

5 1

6

7 1

8 1

9 0528

10 45

11 082

12 91-3

13 20

DATE AMENDED

INSTEAD OF

SHOULD READ

ITEM NO.

DOCUMENT

MEDICAL CERTIFICATION

BY AFFIDAVIT OF

1. PLACE OF DEATH
a. COUNTY Pike

b. CITY (If outside corporate limits, give TOWNSHIP only)
OR TOWN Louisiana

Length of stay in lb

c. FULL NAME OF (If NOT in hospital, give location)
HOSPITAL OR INSTITUTION Mississippi River

Inside Limits
Yes ☐ No ☐

2. USUAL RESIDENCE (Where deceased lived. If institution: Residence before admission)
a. STATE Ill. b. COUNTY Morgan

c. CITY OR TOWN Jacksonville

Inside Limits
Yes ☐ No ☒

d. STREET ADDRESS (If outside, give location)
1 Millwood Manor

Reside on Farm
Yes ☐ No ☒

3. NAME OF DECEASED
(Type or print)

First Middle Last
George Ellis Taylor

4. DATE OF DEATH
Month Day Year
Oct. 30, 1963

5. SEX

Male

6. COLOR OR RACE

White

7. Married ☒ Never Married ☐
Widowed ☐ Divorced ☐

8. DATE OF BIRTH

11-20-1900

9. AGE (last birthday)

62

IF UNDER 1 YEAR IF UNDER 24 HR
Months Days Hours Min.

10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired)

Sales & Research Rep.

10b. KIND OF BUSINESS OR INDUSTRY

U.S. Rubber Co.

11. BIRTHPLACE (City and state or country)

Hiawatha, Kansas

12. CITIZEN OF WHAT COUNTRY

U.S.A.

13a. FATHER'S NAME

Emmett Taylor

13b. MOTHER'S MAIDEN NAME

Nettie (unknown)

14. NAME OF HUSBAND OR WIFE

Mrs. Vesta Taylor

15. WAS DECEASED EVER IN U.S. ARMED FORCES?
(Yes, no, or unknown) (If yes, give war or dates of service)

No

16. SOCIAL SECURITY NO.

17. INFORMANT

Mrs. Vesta Taylor, Jacksonville, Ill.

18. CAUSE OF DEATH (Enter only one cause per line for (a), (b), and (c).
PART I. DEATH WAS CAUSED BY:

IMMEDIATE CAUSE (a)

Shock - Hemorrhage of uterine lining

Conditions, if any, which gave rise to above cause (a), stating the underlying cause last.

DUE TO (b)

Subject was found floating in Mississippi river

DUE TO (c)

apparently had fallen a great distance into water

PART II. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH but not related to the terminal disease condition given in PART I (a)

PART III. If deceased was female was there a pregnancy in last 90 days.

☐ Yes ☐ No ☐ Unknown

19. WAS AUTOPSY PERFORMED?
YES ☒ NO ☐

20a. ACCIDENT SUICIDE HOMICIDE
☐ ? ☐ ? ☐ ?

20b. DESCRIBE HOW INJURY OCCURRED. (Enter nature of injury in PART I or PART II of item 18.)

See above

20c. TIME OF INJURY
Hour a.m. p.m.
Month, Day, Year

unknown

20d. INJURY OCCURRED WHILE AT WORK ☐ NOT WHILE AT WORK ☒

20e. PLACE OF INJURY (e.g., in or about home, farm, factory, street, office bldg., etc.)

Mississippi river

20f. CITY, TOWN, OR LOCATION

Louisiana

COUNTY

Pike

STATE

Mo.

21. I attended the deceased from _____, to _____, and last saw him/her on _____
Death occurred at _____ m on the date stated above, and to the best of my knowledge, from the causes stated.

22a. SIGNATURE

J. B. Mudd

(Degree or title)

Coroner

22b. ADDRESS

Beaulieu Co. Mo.

22c. DATE SIGNED

10-30-63

23. BURIAL CREMATION, etc. (Specify)

Burial

23b. DATE

11-4-63

23c. NAME OF CEMETERY OR CREMATORY

Delta Cemetery

23d. LOCATION (City, town, or county)

Grand Ledge, Michigan

(State)

24. FUNERAL DIRECTOR

Geo. M. Collier, Louisiana, Mo.

ADDRESS

25. DATE RECD. BY LOCAL REG.

11-4-63

26. REGISTRAR'S SIGNATURE

Bernice Collier

USE BLACK INK
OR
TYPEWRITER RIBBON

AMENDMENTS ON THIS RECORD ARE AS FOLLOWS

NOV 12 1963

NOV 12 1963

NOV 20 1963

JAN 27 1964

JAN 28 1964

STATEMENT BY LICENSED EMBALMER

I hereby certify that the body whose name is recorded on the reverse side of this certificate was embalmed by me,
or by _____, Student Embalmer No. _____
working under my personal supervision.

Student _____
Signature of Student Embalmer

Signed Geo M. Collier

Licensed Embalmer No. 3839

P. O. Address Louisiana, Mo.

Note: The above MUST BE SIGNED BY THE LICENSED EMBALMER in his OWN HANDWRITING. (Failure to comply with the above constitutes grounds for revocation of license).
If embalmed by a STUDENT, he also shall sign in his OWN handwriting.
If this body is not embalmed, fact should be so stated above.